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p.2

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-842)	, Type or print fi	Dateistamp CALIFORNIA 460 JAN 3 1 2006 COVER PAGE 2001/02 FORM
Government Code Sections 84200-842 (Statement covers period	Data of election if annieshby
	from07/01/2005	(Month, Day, YER)EGISTRAR OF VOTERS
SEE INSTRUCTIONS ON REVERSE	through 12/31/2005	06/06/2006 Depart For Official Use Only
1 Type of Paciniant Committee		2. Tura of Statements
Officeholder, Candidate Controlled	Committee Committee Controlled Sponsored (Alac Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NA	1261380 ME IF NO COMMITTEE)	NAME OF TREASURER
Cathryn De Young/DeYoung for	Supervisor	Catherine Madigan MAILING ABORESS
STREET ADDRESS (NO P.O. BOX)	-	CITY STATE ZIP CODE AREA CODE/PHONE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET OR P.O. BOX	MAILING ADDRESS
CITY	STATE ZIP CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
	preparing and reviewing this statement and to the best of my keep of the State of California that the foregoing is true and correct. By By By By	nowledge the information contained herein and in the attached schedules is true and complete, it certify Signature of Fession or Assistant Treasury Joritolling Officeholder, Canadate of Measure Proponent or Responsible Officer of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidale, State Measure Proponent FPPC Form 460 (January/05)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 868/ASK-FPPC (866/276-3772)
State of California

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DeYoung

for Supervisor

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Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
Page _2	of _47

	Controlled Cor	nmittee	٠.	Primarily Formed Ball	ot measure	Committee		
NAME OF OFFICEHOLDER OR CANDI	DATE			NAME OF BALLOT MEASURE				
Cathryn DeYoung				·				
OFFICE SOUGHT OR HELD (INCLUDE County Supervisor District Mumber: 5	LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	NO. AND STREET)	CITY STATE ZIP		identify the controlling of	Mcehalder, cz	ndidate, or state	measure p	proponent, If an
		The second secon		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	as selection to a selection of	
	are controlled by	Statement: List any committees you or are primarily formed to receive r candidacy.		OFFICE SOUGHT OR HELD		DIS	STRICT NO. II	FANY
COMMITTEE NAME		I.D. NUMBER						
		Į						
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Cal officeholder(s) or candidates	ndidate/Offic (s) for which th	ceholder Com Is committee is pr	mittee Lis imarily form	st names of ed.
	ETADDRESS (NO P	YES NO	7.	Primarily Formed Cal officeholder(s) or candidate NAME OF OFFICEHOLDER OR	(s) for which th	oeholder Com ls committee is pr	imarily form	ed.
COMMITTEE ADDRESS STRE		YES NO	7.	officeholder(s) or candidate	(s) for which the	ls committee is pr	T OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STRE		YES NO	7.	officeholder(s) or candidates	(s) for which the Candidate	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	STATE	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7.	Officeholder(s) or candidates NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE	OFFICE SOUGH	T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE ADDRESS STRE CITY COMMITTEE NAME NAME OF TREASURER		ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE	OFFICE SOUGH OFFICE SOUGH OFFICE SOUGH	T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

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Campaign Disclosure	Sta	tement
Summary Page		

SEE INSTRUCTIONS ON REVERSE

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Type or print in ink.
Amounts may be rounded
to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	07/01/2005	FORM 400
through _	12/31/2005	Page3 of47
		i.d. NUMBER
		1261380

Cathryn De Young/DeYoung for Supervisor			1261380
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running In Both the State Primary and General Elections
1. Monetary Contributions	3 28,069.04	\$139,700.04	1/1 through 8/30 7/1 to Date
2. Loans Received		700,000,00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 28,069.04	\$ B39,700.04	20. Contributions Received \$\$
4. Nonmonetary Contributions	13,761.00	23,453.00	21, Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 41,830.04	\$ 863,153.04	Made \$\$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made	\$ 440,467.81	\$ 626,459.36	Candidates
7. Loans Made	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Unes 8+7	\$ 440,467.81	\$ 626,459.36	(# Suspect to Voluntary Expenditures Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	8,379.00	8,379.00	Date of Election Total to Date
10. Nonmonetary Adjustment	13,761.00	23,453.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 462,607.81	\$ 658,291.36	\$
Current Cash Statement			 \$
12. Beginning Cash Balance Previous Summery Page, Line 16	\$ 625,639.17	To calculate Column B, add	
13. Cash Receipts	28,069.04	amounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Une 4	0.00	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	440,467.81	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15	\$ 213,240.40	figures that should be	
If this is a termination statement, Une 16 must be zero.		subtracted from previous period amounts. If this is	
17, LOAN GUARANTEES RECEIVED Schedule 8, Part 2	\$ 0.00	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 708,379.00		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

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Schedule /	Δ		Туре	or print in ink.					SCHEDULE A	
Monetary Contributions Re		eceived	Amounts may be rounded to whole dollars.			na los /2008		FORM 460		
					through <u>12/31/2</u>	005	Page	4	of <u>47</u>	
NAME OF FILER Cathryn De 1	NS ON REVERSE	upervisor					ļ	MBER		
DATE RECEIVED	FULL NAME, STREET AD	DRESS AND ZIP CODE OF CONTRIBUTOR TEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TI	ELECTION O DATE EQUIRED)	
11/10/2005	AKM Consulting En	g.	□IND □COM ®OTH □PTY □SCC		175.00		175,00	P 06	575.00	
11/05/2005	Douglas Ayres		∑IND □COM □OTH □PTY □SCC	Principal Ayres Group	250.00		250.00	P-06	250.00	
10/31/2005	Don Ayres, Jr		IND ☐COM ☐ OTH ☐ PTY ☐SCC	President Ayres Group	175.00		375.00	P 06	525.00	
11/05/2005	Dee Balle		XIIND ☐COM ☐OTH ☐PTY ☐SCC	CPA Ernst & Young	150.00		150.00	¥ 06	150.00	
11/05/2005	Susan Bialek		IND COM	Retired	300.00		600.00	P 06	1,200.00	
				SUBTOTAL	1,050.00	1.00				
Amount re (Include a	ill Schedule A subtot	itemized monetary contributions, als.)unitemized monetary contribution				IND COI OTI	(othe	uat pient Comm r than PT r (e.g., but	nittee Y or SCC) siness entity)	
3. Total mon	etary contributions re						C - Small	Contributo	or Committee	

	A (Continuation Sheet) Contributions Received
NAME OF FILER Cathryn De Y	oung/DeYoung for Supervisor
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER)
12/06/2005	Thomas C. Blum

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2005 CALIFORNIA FORM 460

through 12/31/2005 Page 5 of 47

I.D. NUMBER

1261380

cathryn De Yo	oung/DeYoung for S	upervisor				1261	360	
DATE RECEIVED	FULL NAME STREET A	DDRESS AND ZIP CODE OF CONTRIBUTOR HTTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/06/2005	Thomas C. Blum		XIIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired (Mr. Mrs.)	100.00	100.00	P 06	100.00
12/22/2005	Daniel L. Brigha	m, Jr.	IND COM OTH PTY	NML Insurance	100.00	100.00	₽ 06	100.00
11/17/2005	Don Brogan		☑IND □COM □OTH □PTY □SCC	Retired	150.00	150.00	P 06	400.00
11/17/2005	Bob Brown		⊠IND □COM □OTH □PTY □SCC	Financal Planning Tax & Financial Group	99.00	274.00	P 06	524.00
07/29/2005	Fred Burbank		⊠IND □COM □OTH □PTY □SCC	Physician Self emp.	1,000.00	1,250.00		1,450.00
				SUBTOTAL	\$ 1,449.00			

*Contributor Codes

IND -- Individual

COM -- Recipient Committee

(other than PTY or SCC)

OTH -- Other (e.g., business entity)

PTY -- Political Party

SCC -- Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Supervisor

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Schedule A (Continuations Monetary Contributions		Received	Type or pri Amounts may to whole o	be rounded	from07/01/2005 F(CALIFOI FORI	IFORNIA 460 orm 47	
NAME OF FILER							1261380		
Cathryn De Y	oung/DeYoung for S	upervisor					1261380		
DATE RECEIVED	FULL NAME, STREET A	ODRESS AND ZIP CODE OF CONTRIBUTOR MITTEE. ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO C CALENDAR YEA (JAN. 1 - DEC. 3	NR	PER ELECTION TO DATE (IF REQUIRED)	
12/14/2005	Fred Burbank		⊠IND □COM □OTH □PIY □SCC	Physician Self emp.	250.00	1,250).00 P0	6 1,450.00	
11/16/2005	Joseph Busch		⊠IND □COM □OTH □PTY □SCC	Attorney Gibson, Dunn&Crutcher	150.00	150	0.00 PC		
11/07/2005	Dana Butler		©IND □COM □OTH □PTY □SCC	Self Emp Kane Shrader	500.00	500	0.00 Pt	o6 850.00	
11/08/2005	Cabco Yellow Inc		☐IND ☐COM ☑OTH ☐PTY ☐SCC		175.00	17	5.00 P	06 175.00	
11/01/2005	Stephen Calhoun		IND COM OTH PTY	Comm. Realtor Colliers Seeley	150.00			06 350.00	
				SUBTOTA	L\$ 1,225.00	G-PESS P.	nije. Ar Kanada		

*Contributor Codes IND-Individual

COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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Supervisor

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C = L = diila	A (Continuatio	n Sheet)	Type or prin	at in ink			SCHED	ULEA (CONT.)
Monetary (Contributions	Received	Amounts may l to whole d	be rounded	Statement cove from <u>07/01/20</u>		IFORNI/ FORM	460
					through <u>12/31/20</u>	l ~		of <u>47</u>
NAME OF FILER							IUMBER 51380	
Cathryn De Yo	oung/DeYoung for \$1	pervisor				12	11100	
DATE RECEIVED	FULL NAME, STREET AD	DRESS AND ZIP CODE OF CONTRIBUTOR ITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		RELECTION TO DATE REQUIRED)
11/05/2005	Patty Canright		☑IND ☐COM ☐OTH ☐PTY ☐SCC	RN St. Margarets School	250.00	500.0	P 06	650.00
11/28/2005	David Chapman		⊠IND □COM □OTH □PTY □SCC	Medical Ins	100.00	100.0	P 06	100.00
11/02/2005	Cinda Churm	••	☑IND □COM □OTH □PTY □SCC	Homemakex	250.00	500.0	0 P 06	650.00
11/12/2005	Cox Communication	ns	□IND □COM ☑OTH □PTY □SCC		250.00	250.0	0 P 06	750.00
11/05/2005	Crown Valley Ba.	Park	⊞IND ☐ COM MOTH ☐ PTY ☐ SCC	Exec. VP - Andrews Petroleum	500,00	500.		500.00
				SUBTOTAL	\$ 1,350.00			

*Contributor Codes IND—Individual
COM—Redplant Committee
(other than PTY or SCC)
OTH—Other (e.g., business entity)
PTY—Political Party
SCC—Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 868/ASK-FPPC (866/276-3772)

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	A (Continuations		Type or pri Amounts may to whole	be rounded [Statement cove	·		SCHEDI FORNIA ORM	JLE A (CONT.) 460
					from07/01/29 through12/31/29		Page.		of <u>47</u>
NAME OF FILER							I.D. NU	MBER	
Cathryn De Y	oung/DeYoung for S	upervisor					1261	380	
DATE RECEIVED		DDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, AL&O ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	T	ELECTION D DATE EQUIRED)
12/15/2005	Ronald Darienzo		⊠IND □COM □OTH □PTY □SCC	Owner Mobile Line Communications	100.00	10	00.00	P 06	250.00
11/02/2005	Margaret Darnell		☑IND □COM □OTH □PTY □SCC	Homemaker	175.00	1	75.00	P 06	175.00
11/16/2005	Carol Demorest	•	⊠IND □COM □OTH □PTY □SCC	Real Bst Sun Isle Realty	150.00	2	00.00	₽ 06	200.00
12/06/2005	Peter DeSimone		⊠IND □COM □OTH □PTY □SCC	Dir. Of Sanctuary - Nat'l Audubon Soc.	100.00	1	00.00	P 06	100.00
11/10/2005	Deborah Edgcomb	- -	IND □COM □OTH □PTY □SCC	Homemaker & Samphic Me	500.00	5	00.00	P 06	600.00
				SUBTOTAL	1,025.00				

IND-Individual COM - Recipient Committee (other than PTY or SCC)

*Contributor Codes

OTH - Other (e.g., business entity) PTY-Political Party

SCC - Small Contributor Committee

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Schedule A (Continuation	n Sheet)	Type or print in ink.		SCHEDULE A (CONT.
Monetary Contributions		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
		6 0.100 55.12.2	from <u>07/01/2005</u>	FORM TOU
			through <u>12/31/2005</u>	Page 9 of 47
NAME OF FILER				I.D. NUMBER
Cathryn De Voung/DeVoung for S	unervi sor			1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/2005	Michael Ehner	∭IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	130.00	P 06 130.0
12/06/2005	Fakas Family Trust	□IND □COM ☑OTH □PTY □SCC		100.00	100.00	P 06 100.0
11/17/2005	Sherry Farhang	⊠IND □COM □OTH □PTY □SCC	Financial Analyst Self emp.	75.00	200.00	P 06 350, C
07/01/2005	Ms. Liese Farless	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Student	100.00	150.00	P 06 150.
12/06/2005	Ms. Liese Farless	⊠IND □COM □OTH □PTY □SCC	Student	50.00	150.00	P 06 150.
			SUBTOTAL	\$ 425.00		

(NO - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

*Contributor Codes

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

(other than PTY or SCC)
OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

AMEOFFILER athryn De Y	oung/DeYoung for Supervisor					1.D. NUMS 126138		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO S CALENDAR YE, (JAN. 1 - DEC. S	AR	TO	LECTION DATE QUIRED)
09/29/2005	Caroline Farwell	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Free Lance Photographer	100.00	100	0.00 P	P 06	100.00
1/28/2005	Franks Mkt	□IND □COM ⊠OTH □PTY □SCC		500.00	50	0.00 F	P 06	500.00
11/22/2005	Geo Syntac Consultants	☐IND ☐COM ☑OTH ☐PTY ☐SCC		175.00	17	5.00 F	P 06	325.00
11/01/2005	Wendy Gerdau	XIND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	250.00	25	0.00	P 06	500.00
11/12/2005	Helen Gomberg	☑IND □COM □OTH □PTY □SCC	Retired	150.00			h 0e	600.00
			SUBTOTAL	1,175.00		AND THE		

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to whole dollars.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Jan

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SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from _____07/01/2005

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COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

	A (Continuat		Type or pri	int in ink,		•		SCHEDI	ULEA (CONT.
Monetary	Contribution	Received Amounts may to whole		be rounded	Statement covers period		CALIFORNIA 46		
					through <u>12/31/2</u>	005	Page_	11	of <u>47</u>
NAME OF FILER			···				I.D. NU	MBER	
Catheyn De Y	oung/DeYoung for	Supervisor					1261	380	
DATE RECEIVED	FULL NAME, STREET	ADDRESS AND ZIP CODE OF CONTRIBUTOR WITTEE, ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	T	ELECTION O DATE REQUIRED)
11/15/2005	Government Solut	ione	□IND □COM ☑OTH □PTY □SCC		175.00	17	5.00	P 06	175.00
08/02/2005 (GPM Management S	erv.	ONI ON ON		200.00	57	5.00	P 06	925.00
11/07/2005	GPM Management S	erv.	□IND □COM ☑OTH □PTY □SCC		175.00	57	5.00	P 06	925.00
11/02/2005	Patricia Greancy		IND □COM □OTH □PTY □SCC	Homemaker	250.00	50	0.00	P 06	750.00
12/08/2005	Christine Griffi	th	☑IND □COM □OTH □PTY □SCC	Homemaker	150.00		0.00	P 06	150.00
				SUBTOTAL \$	950.00				evanie Pie Stanie
*Contributor Co						Extense Extenses		<u> Service II. Jo</u>	<u> </u>

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation		on Sheet)	Type or pri	nt in ink.			SCHEDULE A (CONT.)			
Monetary	Contributions	Received	Amounts may to whole o		Statement cov	·		FORNIA ORM		
					through <u>12/31/2</u>	005	Page .	<u>12</u> o	1 47	
NAME OF FILER							I.D. NU	MBER		
Cathryn De Y	Young/DeYoung for S	upervisor				**	1261	.380		
DATE RECEIVED		DDRESS AND ZIP CODE OF CONTRIBUTOR WITTER, ALSO ENTER I.D. NUMBER?	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	TO	ELECTION DIDATE EQUIRED)	
12/06/2005	David A. Hanson		☑IND □COM □OTH □PTY □SCC	Retired	100.00	1	.DO . OO	P 06	100.00	
12/06/2005	Diane Harrison		☑IND □COM □OTH □PTY □SCC	Freelance Writer	100.00	1	.00.00	P 06	200.00	
11/10/2005	Susan Hillgren		IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Emp Journalist	100.00	1	.00.00	P 06	100.00	
12/06/2005	Sanford G. Hull		⊠IND □COM □OTH □PTY □SCC	Real Est. Realty Advisory Serv.	500.00	5	500.00	P 06	650.00	
11/28/2005	Imperial Mfg.		□IND □COM ☑OTH □PTY □SCC		250.00		250.00	P 06	500.00	
				SUBTOTAL	1,050.00					
*Contributor C	· ·									

	A (Continuations					Statement covers period from07/01/2005 through _12/31/2005			460
NAMEOFFILER Cathryn De 1	Coung/DeYoung for S	upervisor					I.D. NU 1261		
DATE RECEIVED		DDRESS AND ZIP CODE OF CONTRIBUTOR HITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE +	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	GUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	T	ELECTION O DATE REQUIRED)
11/28/2005	Industrial Metal	Supply	☐IND ☐COM ☑OTH ☐ PTY ☐SCC		400,00	4	00.00	P 06	400,00
11/17/2005	J.Conover, Inc		□IND □COM ☑OTH □PTY □SCC	Comm Real Est - Faris Lee Investments	100.00	1	00.00	P 06	100.00
08/08/2005	Carrie James		☑IND □COM. □OTH □PTY □SCC	Corp.TrainSelf employed	100.00	1	00.00	P 06	100.00
07/26/2005	James Duggan Fami	ly Trust	□IND □COM ☑OTH □PTY □SCC	James Duggan Trustee	100.00	1	00.00	P 06	100.00
10/31/2005	Jeffrey Johnsrud		☑IND □COM □OTH □PTY □SCC	Physician Self emp.	175.00	4	25.00	P 06	575.00

SUBTOTAL\$

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

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Supervisor

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Schedule A (Continuati Monetary Contributions NAME OF FILER Cathryn De Young/DeYoung for S		Received	Received Amounts may be rounded to whole dollars.		Statement covers period from07/01/2005 through _12/31/2005		CALIFORNIA 460 FORM 460 Page 14 of 47 I.D. NUMBER		
Cathryn De Y	oung/DeYoung for S	upervisor	·				1261380		
DATE RECEIVED	FULL NAME, STREET A	DORESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	NR	PER ELECTION TO DATE (IF REQUIRED)	
11/30/2005	Chris Kenney		IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician	150.00	350).00 Pa	6 600.00	
11/12/2005	Patricia Ketchum		⊠IND □COM □OTH □PTY □SCC	Housewife	100.00	150	2.00 FO	6 150.00	
11/05/2005	Elizabeth King		⊠IND □COM □OTH □PTY □SCC	Interior Design Elizabeth King Designs	250.00	500	.00 P 06	6 750.00	
12/19/2005	Janna Kiraly	•	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	100	.00 P06	6 100.00	
08/12/2005	Lori Koppel-Heath		⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor	200.00	200	.00 P 0	6 200.00	
				SUBTOTAL	800.00				

*Contributor Codes IND-Individual

COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

	FPPC Form 460 (January/05)	
PPC Toll-Free Helpline:	866/ASK-FPPC (866/275-3772)	,

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Monetary	A (Continuati	Received	Type or pr Amounts may to whole	/ be rounded	Statement cov		SCHE CALIFORN FORM	IA 460
					through <u>12/31/2</u>	1005 P	age 15	of <u>47</u>
VAME OF FILER Cathryn De	Young/DeYoung for !	Supervisor			-		D. NUMBER 1261380	
DATE RECEIVED	FULL NAME, STREET A	DDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 31	₹	R ELECTION TO DATE REQUIRED)
11/05/2005	LA-Niguel		□IND □COM ☑OTH □PTY □SCC		500.00	500	00 906	500.00
11/08/2005	Valdivia Lawrence		IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	100.00	100	00 P 06	100.00
10/31/2005	Alan Lazar		☑IND □COM □OTH □PTY □SCC	Attorney Charlston,Reirdy & Chamberlin	100.00	300.	00 P 06	200.00
7/28/2005	Sandra Lewis		⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mort.Banker	100.00	100.	00 P 06	100.00
0/31/2005	Diane Liljestrom		⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	500.00	750.	00 P 06	850.00
				SUBTOTAL\$	1,300.00	e.		in viculai I veti C. C
OTH - Other (PTY - Political	nt Committee han PTY or SCC) e.g., business entity)							0 (January/05)

Cathryn De Y	oung/DeYoung for S	Supervisor			1261380			
DATE RECEIVED		DORESS AND ZIP CODE OF CONTRIBUTOR NITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE ±	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
08/03/2005	Gerald Lyman		IND COM OTH PTY SCC	Exec. Closing Factor	100.00	100.00	P 06	100.00
12/06/2005	Barbra Martin 2 Via Jacinto RSM, CA 92688		⊠IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	P 06	100.00
11/19/2005	James McConnell		☑INO □COM □OTH □PTY □SCC	Attorney Self emp.	500.00	749.00	P 06	998.00
11/16/2005	McDaniel Constru	ction	☐IND ☐COM ☑OTH ☐PTY ☐SCC		150.00	150.00	P 06	250.00
11/10/2005	JoAn McDonald -	TTER	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	P 06	100.00
				SUBTOTAL	950.00			

*Contributor Codes
IND - Individual

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PTY - Political Party
SCC - Small Contributor Committee

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Schedule A (Continuation Monetary Contributions			Type or pri Amounts may to whole	be rounded f	Statement cov from07/01/2 through12/31/2	005	Page .	FORNIA ORM	460 of 47
	oung/DeYoung for S	upervisor					1.D. NL 1261	MBER 380	
LATE RECEIVED	FULL NAME, STREET A	DDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFEELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	1	ELECTION TO DATE REQUIRED)
08/15/2005	Rick Moen		IND COM OTH SCC	Owner Moen Woodworks	250.00	3:	50.00	P 06	350.00
12/12/2005	Rick Moen		⊠IND □COM □OTH □PTY □SCC	Owner Moen Woodworks	100.00	3:	50.00	P 06	350.00
07/29/2005	Mary Morgan		☑IND □COM □OTH □PTY □SCC	Nomemaker	100.00	1(00.00	P 06	100.00
08/15/2005	NAIOP - PAC (#950	520)	□IND INCOM □OTH □PTY □SCC		250.00	25	50.00	P 06	250.00
12/19/2005	NPD Partners		□IND □COM INOTH □PTY □SCC		100.00	1(00.00	P 06	100.00
				SUBTOTAL	800.00		195 (1.75) 119 (1.75)	Controller	ata Stiril for the Stiril Bookhale or a the

IND-Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

*Contributor Codes

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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SCC - Small Contributor Committee

Schedule	A (Continuation	n Sheet)	Type or pri	nt in ink.		005 FORM 460 Page 18 of 47			
	Contributions		Amounts may to whole o		Statement cover from 07/01/2				460
			٠		through <u>12/31/2</u>	005	Page .	18	of <u>47</u>
NAME OF FILER							1.D. NU		
Cathryn De Y	Coung/DeYoung for S	upervisor					1261	380	
DATE RECEIVED		DDRESS AND ZIP CODE OF CONTRIBUTOR bytee, also enter I.D. Number)	CONTRIBUTOR CODE +	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	-	RELECTION TODATE REQUIRED)
11/19/2005	Sandy Norton		IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	100.00	2	00.00	P 06	450.00
11/09/2005	Marnie O'Brien	•	⊠IND □COM □OTH □PTY □SCC	Reg. Bus. Mgr.	175.00	1	75.00	P 06	175.00
11/17/2005	Judy Oda		⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	1	00.00	P 06	1,500.00
11/17/2005	Pacific Insurance	Grp	□IND □COM ☑OTH □PTY □SCC		150.00	1	150.00	P 06	400.00
11/17/2005	Gayle Paride		☑IND □COM □OTH □PTY □SCC	Ind. Marketing Consultant	100.00	1	100.00	P 06	100.00
				SUBTOTAL	625.00				Ara ya salar ba
(other	ial ient Committee than PTY or SCC) (e.g., business entity)						FPP	C Form 4	.60 (January/05)

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Monetary NAME OF FILER	Contributions Coung/DeYoung for s	Received	Type or pri Amounts may to whole	be rounded	Statement covers period from07/01/2005 through12/31/2005		CALIFOR FORM	9 of 47
DATE RECEIVED	FULL NAME, STREET A	DDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YEA	JMULATIVE TO DATE PE CALENDAR YEAR (JAN. 1 - DEC. 31) (IF	
12/19/2005	Dorie Parker		IXIND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	100.00	100	.00 P06	100.00
11/28/2005	Parsons Brincker	noff Quade & Douglas	ZIND ☐COM ZOTH ☐PTY ☐SCC		249.00	249	.00 P06	498.00
11/17/2005	Jed Pearson		⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	150	.00 P06	150.00
09/05/2005	Premier Magnetics		□IND □COM ☑OTH □PTY □SCC		400.00	750	.00 P N6	750.00
12/19/2005	Premier Magnetic		□IND □COM 図OTH □PTY □SCC		100.00	750	.00 P 0G	750.00
				SUBTOTAL \$	999.00			

*Cantributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY-Political Party

SCC - Small Contributor Committee

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NAME OF FILER					through <u>12/31/</u> ;	2005	age	20 of 47
Cathryn De	Young/DeYoung for	Supervisor				i	.D. NUMBI	
DATE RECEIVED	FULL NAME, STREET,	ADDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE +	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER UF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DO CALENDAR YEA (JAN. 1 - DEC. 3"	R	PER ELECTION TO DATE (IF REQUIRED)
11/12/2005	Susan Purel - TT	Z.E.	⊠IND □COM □OTH □PTY □SCC	Private Investor	99.00	274		
12/06/2005	Joan Randolph		⊠IND □COM □OTH □PTY □SCC	Property Mgr - Newport Ctr Mgmt Co.	100.00	100.	00 P0	6 100.00
8/03/2005	Rivertech Inc		□IND □COM ⊠OTH □PTY □SCC		150.00	424.	00 PO	574.00
1/17/2005	Rivertech Inc		□IND □COM ☑OTH □PTY □SCC		OO. EE	424.	00 P 06	5 574.00
1/10/2005	Sonia Robinson		⊠IND □COM □OTH □PTY □SCC	Relired .	150.00	400.0	00 P06	450.00
				SUBTOTAL \$	598.00			
OTH – Other (e PTY – Political f	nt Committee nan PTY or SCC)			. *				460 (January/05)

	A (Continuations Contributions	1	Type or pri Amounts may to whole o	be rounded	Statement cov from07/91/2 through12/31/2	005	CALIFOR FORI	
NAME OF FILER Cathryn De Y	oung/DeYoung for S	pervisor					I.D. NUMBE 1261380	٩
DATE RECEIVED		DRESS AND ZIP CODE OF CONTRIBUTOR TTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DEC. SIGNAN, 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
07/22/2005	Kay Rosoff		☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	D.00 P0	100.00
12/14/2005	George Ron Salisb	ury	☑IND □COM □OTH □PTY □SCC	Owner Restaurant Bs. Inc.	100.00	150).00 PO	5 150.00
07/11/2005	Santa Margarita P	ediatric Dentistry	□IND □COM □OTH □PTY □SCC		100.00	150).00 PO	5 150.00
12/15/2005	Sanha Margarita P	ediatric Dentistry	□IND □COM □OTH □PTY □SCC	The state of the s	50.00	150).00 P 0	5 150.00
11/09/2005	Sugan Scace		⊠IND □COM □OTH □PTY □SCC	Homemaker	1,500.00	1,500).00 P00	5 1,500.00
				SUBTOTAL	1,850.00			
OTH - Other PTY - Politica	al ent Committee than PTY or SCC) (e.g., business entity)				FPPC Т	o!l-Free Helpline: 8	FPPC Form	n 460 (January/05) PC (866/275-1772)

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Schedule A (Conti	A (Continuation	n Sheet)	Type or pri	nt In ink,				SCHEDU	ILEA (CONT.)
Monetary	Contributions	Received	Amounts may to whole o	be rounded	Stalement cove	•		FORNIA DRM	
					through <u>12/31/2</u>	205	Page .	22 0	of <u>47</u>
NAME OF FILER				100			I.D. NU	MBER	
	oung/DeYoung for 5	upervisor					1261	380	
DATE RECEIVED	FULL NAME, STREET A	DDRESS AND ZIP CODE OF CONTRIBUTOR IITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE #	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	ELECTION DDATE EQUIRED)
11/21/2005	Patricia Schaarsm	ith	☑IND □COM □OTH □PTY □SCC	CEO Gold Coast Counseling Ctr	100.00	1	00.00	P 06	100.00
11/02/2005	Arlene Schafer		IND □COM □OTH □PTY □SCC	Elected Official Costa Mesa Sanitary Dist.	175.00	1	75.00	P 06	225.00
12/06/2005	Ed Schlegel	• • • • • • • • • • • • • • • • • • •	IND □COM □OTH □PTY □SCC	Retired	100.00	1	00.00	P 06	100.00
07/26/2005	Schlesinger Fina	ncial Svs	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	3	00.00	P 06	300.00
12/15/2005	Schleeinger Pina	ncial Svs	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	3	100,00	ያ 06	300.00
				SUBTOTAL	\$ 575.00				
(athe OTH - Other PTY - Politic	ual vient Committee vithen PTY or SCC) viceg., business entity)					oll-Free Helpline	FPPC		l (January/05) 368/275-3772)

	A (Continuations Contributions		Type or pri Amounts may to whole o	be rounded	Statement cove			SCHEDI FORNIA ORM	JLEA (CONT.) 460
					through 12/31/29				of <u>47</u>
NAME OF FILER Cathryn De Y	oung/DeYoung for S	upervisor					I.D. NU 1261		
DATE RECEIVED	FULL NAME, STREET AS	DRESS AND ZIP CODE OF CONTRIBUTOR ITTEE, ALSO ENTER (O. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	T	ELECTION O DATE REQUIRED)
09/01/2005	Karen Schmidt	20508	☑IND □COM □OTH □PTY □SCC	Attorney Schmidt & Schmidt	400.00		00.00	P 06	400.00
11/15/2005	William Scilacci,	σ ε.	IND COM COM COTH COTH COTH COTH COTH COTH COTH COTH	CPO Edison Mission Energy	250.00	2	50.00	P 06	700.00
11/10/2005	Vanessa Silvan		☑IND □COM □OTH □PTY □SCC	Homemaker	150.00	1	50.00	P 06	300.00
11/08/2005	Nancy Snyder	· · · · · · · · · · · · · · · · · · ·	⊠IND □COM □OTH □PTY □SCC	Homemaker	1,000.00	1,0	00.00	P 06	1,000.00
12/06/2005	Solag/CR & R		□IND □COM □OTH □PTY □SCC		100.00	1	00.00	P 06	1,500.00
				SUBTOTAL	.\$ 1,900.00				

IND - Individual

*Contributor Codes

COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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	A (Continuation		Type or pri	int in lak.				SCHE	DULEA (CONT.)
Monetary	/ Contributions	Received	Amounts may to whole		Statement cov	·		IFORNI ORM	
					through_12/31/2	005	Page	24	of47
NAME OF FILER							L	JMBER	
Cathryn De	Young/DeYoung for S	upervisor					126	1380	
DATE RECEIVED		DDRESS AND ZIP CODE OF CONTRIBUTOR HITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		R ELECTION TO DATE REQUIRED)
11/05/2005	Southland Dev. Co		□IND □COM ☑OTH □PTY □SCC		1,000.00	1.,0	00.00	P 06	1,300.00
11/08/2005	Gregory Staffon,	DDS	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentiet Self Emp.	100.00	1	00.00	P 06	100.00
08/25/2005	Mr. Peter Stepha		⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO The Pension Group Inc.	100.00	2	00.00	P 06	200.00
11/16/2005	Mr. Peter Stephar		⊠IND □COM □OTH □PTY □SCC	CEO The Pension Group Inc.	100.00	2	00.00	P 06	200.00
08/12/2005	Miles Sterling		☑IND □COM □OTH □PTY □SCC	Retired	250.00		00.00		700.00
				SUBTOTAL \$	1,550.00		4 5 3		
(other OTH Other PTY Politica	ent Committee than PTY or SCC) (e.g., business entity)								D (January/05)

	*Contributor Codes
J	IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)
1	PTY - Political Party SCC - Small Contributor Committee

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Schedule A (Continuations Monetary Contributions			Type or pri Amounts may to whole s	be rounded	8tatement cover from	005	F	FORNIA ORM	460 147
NAME OF FILER Cathryn De 1	(oung/DeYoung for	Supervisor	,				I.D. NU 1261	1MBER 1380	
		ADDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	Τ.	ELECTION O DATE EQUIRED)
11/05/2005	Miles Sterling		IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	400.00		P 06	700.00
11/17/2005	Ronald Taylor		⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Lawyer Law Offices of Ronald Taylor.	100.00	10	00.00	P 06	100.00
11/09/2005	Thomas Seaman Co		□IND □COM ☑OTH □PTY □SCC		175.00	1	75.00	P 06	525.00
11/16/2005	Donna Toubia		⊠IND □COM □OTH □PTY □SCC	Homemaker	150.00	1:	50.00	P 06	400.00

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FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

Schedule A (Continuati Monetary Contributions		on Sheet)	Type or pri	Int in Ink.				SCHE	DILLE A CONT.
Wonetary	Contribution	s Received	Amounts may to whole	be rounded dollars,	Statement cov	,		FORN	
					through 12/31/2	005	Page	P 06 900.00	of 47
NAME OF FILER									
Cathryn De Y	oung/DeYoung for	Supervisor					1.261	380	
DATE RECEIVED	FULL NAME, STREET	ODRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALEO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN, 1 - DEC.	AR .		TODATE
11/16/2005	Virtual Estates		□IND □COM ☑OTH □PTY □SCC		500.00	67	5.00	P 06	1,425.00
11/17/2005	Tracy Weintraub		⊠IND □COM □OTH □PTY □SCC	Apparel Mfr Z Dist.	300.00	55	0.00	P 06	900.00
09/13/2005	Donna Wertz	`	XIND □COM □OTH □PTY □SCC	Homemaker	500.00	90	0.00	P 06	900.00
11/19/2005	Donna Wertz		XIND COM OTH PTY SCC	Homemaker	150.00	901	0.00	P 06	900.00
11/19/2005	West Coast Arbor	ists Inc	□IND □COM 図OTH □PTY □SCC		200.00	400	0.00	P 06	800.00
				SUBTOTAL\$	1,650.00	r Maria Para Para Para Para Para Para Para		ali svi iga svi	
OTH - Other (e PTY - Political I	nt Committee han PTY or SCC) e.g., business entity)				2,030.00				(January/05)

Schedule A (Continuation	on Sheet)	Type or pri				-	PER ELECTION TODATE (IF REQUIRED)		
Monetary	Contributions	Received	Amounts may to whole		Statement coverage from 07/01/2	CALIFORNIA 46 Q1/2005 FORM Page 27 of 42 I.D. NUMBER 1261380 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) CALIFORNIA 46 FORM PER ELECTION (IF REQUIRE)			460
					through <u>12/31/2</u>	005	Page 27 of 47 I.D. NUMBER 1261380 VETO DATE PER ELECTIC DAR YEAR DEC. 31) (IF REQUIRE	47	
NAME OF FILER			****************				I.D. NUM	BER	
Cathryn De 1	Young/DeYoung for A	Supervisor					12613	80	
DATE RECEIVED			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR	YEAR	YEAR TODATE	
11/17/2005	Mike Whipple		⊠IND □COM □OTH □PTY □SCC	Pinancial Advisor	100.00		275.00	, 06	374.00
			□IND □COM □OTH □PTY □SCC						
			☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			□IND □COM □OTH □PTY □SCC						
			□IND □COM □OTH □PTY □SCC						
				SUBTOTAL	100.00		(1890) (189		
*Contributor (Codes								
LINES THE STATE OF	l								

IND-Individual
COM-Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Jan

31

2006

9:16AM

DeYoung

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Supervisor

949-276-6903

Schedule B - Part 1

SEE INSTRUCTIONS ON REVERSE

Cathryn De Young/DeYoung for Supervisor

FULL NAME, STREET ADDRESS AND ZIP CODE

OF LENDER

(IF COMMITTEE, ALGO ENTER I.D. NUMBER)

Loans Received

NAME OF FILER

Cathryn DeYoung

31545 Sea Shadows Way **3**00.000.00 700,000.00 123,068.00 City of Laguna Niguel RATE Laguna Niguel, CA 92677 FORGIVEN PER ELECTION** 12/18/2003 723,068.00 700,000.00 0.00 0.00 DATE DUE IND COM DOTH PTY SCC DATE INCURRED City Comil Wenter Will Gore PAID CALENDARYEAR CATRYN Delwis 400 000 RATE PORGIVEN PER ELECTION ** DATE DUE TEN IND COM OTH PTY ☐ SCC PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** TO IND COM OTH PTY SCC DATE DUE DATE INCURRED SUBTOTALS \$ 0.00 \$ 0.00 \$ 700,000.00 \$ (Enter (e) on Schedule B Summary Schedule E. Line 3) 0.00 1. Loans received this period... (Total Column (b) plus uniternized loans of less than \$100.) †Contributor Codes IND -Individual COM - Recipient Committee (Total Column (c) plus loans under \$100 paid or forgiven.) (other than PTY or SCC) OTH - Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY - Political Party SCC - Small Contributor Committee Enter the net here and on the Summary Page, Column A, Line 2. "Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required. FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded

to whole dollars.

OUTSTANDING

BALANCE

BEGINNING THIS

PERIOD

AMOUNT

RECEIVED THIS

PERIOD

IF AN INDIVIDUAL ENTER

OCCUPATION AND EMPLOYER

OF SELF-EMPLOYED, ENTER

NAME OF BUSINESS)

City Council Member

2006 ഥ 1684 DeYoung

707

Supervis

SCHEDULE B-PART 1

CUMULATIVE

CONTRIBUTIONS

TO DATE

CALENDAR YEAR

CALIFORNIA

FORM

LD NUMBER

1261380

ORIGINAL

AMOUNT OF

LOAN

Statement covers period

07/01/2005

12/31/2005

INTEREST

PAID THIS

PERIOD

through.

AMOUNT PAID

OR FORGIVEN

THIS PERIOD

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PERIOD

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2006 9:17AM

DeYoung for Supervisor

Schedule C Nonmonetary Contribution		ons Received		Type or print in Ink. Amounts may be rounded to whole dollars.		S	07/01/2005	erlod	CALIFO FO	ORNIA	460
SEE INSTRUCT	IONS ON REVERSE					thro	ugh 12/31/2005		Page _2	<u>9</u> of	4.7
NAME OF FILER		upervisor							LD. NUMB 126138		
DATE RECEIVED	ZIP CODE OF	EET ADDRESS AND CONTRIBUTOR DENTER ID. NUMBERJ	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALEND	ATIVE TO ATE AR YEAR DEG 31)	Tt	ELECTION D DATE EQUIRED)
11/15/2005	Chris Alexander		☑IND □COM □OTH □PTY □SCC	Realtor Sea West Properties	Postage stamps		185.00	-	285.00	P 06	285.0
12/31/2005	Cathryn DeYoung	-	□IND □COM □OTH □PTY □SCC	City Council Member City of Laguna Niguel	Office space/i	rent	13,476.00	72	3,068.00	P 06	723,068.0
12/31/2005	Trans Pacific Aasoc	iation	□IND □COM □OTH □PTY □SCC		File Cabinet		100.00		100.00	P 06	100.0
		**	□IND □COM □OTH □PTY □SCC			~			e e e e		
Attach add	ditional information	on appropriately labe	led continual	ion sheets.	SUBTO	TAL \$	13,761.00		7 17/L		
1. Amount		itemized nonmonetar		3.		\$	13,761.00	IND	ntributor Co – Individual M – Reciplen	it Committ	
 Amount Total nor 	received this period	unitemized nonmonel	ary contribution	ons of less than \$100		\$		- PTY	(other the control of	Party	ess entity)

p.31

Jan

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DeYoung

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Supervisor

Schedule E Payments Made	Type or print in it Amounts may be ro to whole dollar	unded	Statement covers period from07/01/2005	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cathryn De Young/DeYoung for Supervisor			through12/31/2005	Page30 of47 I.D. NUMBER 1261380
CODES: If one of the following codes accurately descriptions campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees FND tundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communic meetings and app OFC office expenses petition circulating PHO phone banks POL polling and survey postage, delivery	cations earances	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	costs uction costs i meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTERIO, NUMBER)	со	DE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
12th Man Football Club	Ch.	1P		1,000.00
Antonello Ristorante	PA	מא		2,399.81
California Women's Leadership Association	мз	ng		150.00
* Payments that are contributions or independent expenditure	s must also be summarize	d on Schedule D.	SU	BTOTAL\$ 3,549.81
Schedule E Summary				
1. Itemized payments made this period. (Include all Sched	ule E subtotais.)			\$ 440,194.98
2. Unitemized payments made this period of under \$100				\$272.83
3. Total interest paid this period on loans. (Enter amount from				
4. Total payments made this period. (Add Lines 1, 2, and 3	. Enter here and on the Si	ummary Page, Columr	A, Line 6.) TOT	TAL \$ 440,467.81

Schedule E	Type or n	rint in ink.			SCHE			
(Continuation Sheet) Payments Made		y be rounded		Statem	ent covers period 07/01/2005	CALIFO	PRNIA 160	
SEE INSTRUCTIONS ON REVERSE			,	through_	12/31/2005	Page _	31 of 47	
Cathryn De Young/DeYoung for	Supervisor					I.D. NUME	ER	
						126136	10	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetar CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure support LEG legal defense LT campaign literature and mailings	y)* MTG meetings OFC office ex PET petition of PHO phone ba POL polling an ing/opposing others (explain)* POS postage,	ommunications and appearance penses reulating nks discovery reseated livery and medical penses and p	es	RAD redic RFD retur SAL cam TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	cribe the payment, and alrime and production need contributions or cable airlime and productions or cable airlime and producte travel, lodging, and spouse travel, lodging, fer between committee registration mation technology costs.	o costs duction costs duction costs d meals and meals es of the san	ne candidate/sponsor	
NAME (IF COMM)	AND ADDRESS OF PAYEE TTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	SCRIPTION OF P	AYMENT		AMOUNT PAID	
Comp USA								
		OFC					1,525.04	
Cox Communications								
	•	WEB					1,820.98	
D & M Trophies & Engraving								
		CMP					127.14	
Dana Point Chamber of Commerc	е							
		MTG					119.00	
DeSnoo & DeSnoo		CNS					15,000.00	
* Payments that are contributions or in	dependent expenditures must also be summarized o	n Schedule D.			Cit	BTOTAL \$		
					301	PIO INL	18,592.16	

2006

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DeYoung for Supervisor

949-276-6903

Schedule E (Continuation Sheet) Payments Made	Type or prin Amounts may b to whole de	e rounded	8 from	tatement covers period 07/01/2005	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			throu	igh 12/31/2005	Page 32 of 47
Cathryn De Young/DeYoung for	Supervisor				I.D. NUMBER
CNS campaign consultants CTB contribution (explain nonmonetar CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND Independent expenditure suppor LEG legal defense	Y) OFC office expen PET petition circu PHO phone banks POL polling and s ing/opposing others (explain)* POS postage, del	munications diappearances ises lating	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salarles t.v. or cable airtime and produce andidate travel, lodging, and staff/spouse travel, lodging.	costs fuction costs of meals
LIT campaign literature and mailings	PRT print ads	(1080)		information technology costs	(internet, e-mail)
NAME A (IF COMMIT	AND ADDRESS OF PAYEE ITEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Driscoll Insurance Agency Inc		OFC			1,252.00
Forde & Mollrich		LIT			265,238.80
Intuit Inc.		CNS			75,000.00
		OFC			112.59
Irvine Consulting Service		OPC			279.28
* Payments that are contributions or inc	dependent expenditures must also be summarized on S				
	The state of the state of the state of summarized on S	cnedule D.		SUB	TOTAL \$ 341,882.67

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DeYoung

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Supervisor

949-276-6903

Schedule E		Type or pri	nt in ink				sc	CHEDULE E (CONT.	
(Continuation She Payments Made	Continuation Sheet) Amounts may be					atement covers period	CALIFOR	RNIA	60
,					from _	07/01/2005	FURIN	/ <u>;</u>	
SEE INSTRUCTIONS ON REVERS	E				throug	12/31/2005	Page	33_ of	47
							I.D. NUMBER		
Cathryn De Young/DeYou						•	1261380	`	
CODES: If one of the f	ollowing codes accurately describe	es the payment,	you may e	enter the code. Oth	erwise.	describe the payment			
CMP campaign paraphemalia. CNS campaign consultants	misc.	MBR member co	mmunications			radio airtime and production	costs		
CTB contribution (explain nor	imonetary)*	MTG meetings a OFC office expe	nd appearanc	es	RFD	returned contributions	CO3(3		
CVC civic donations		PET petition dire			SAL	campaign workers' salaries			
FIL candidate filing/ballot fee	es .	PHO phone ban			TEL	t.v. or cable airtime and proc candidate travel, lodging, and	luction coats		
AND fundraising events ND independent expenditure	supporting/opposing others (explain)*	POL polling and	survey resea	rch	IRS :	staft/spouse travel, lodging	and meals		
LEG legal defense		POS postage, di PRO professiona	elivery and me	essenger services gal, accounting)	121	transfer between committee:	of the same	candidate.	sponsor
LIT campaign literature and r	nailings	PRT print ads	at services (let	gar, accounting)	VUI	voter registration information technology costs			,
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES		OF PAYMENT		AMOUNT	AID
James V. Lacy, Attorne	<u> </u>								
		•	PRO					7 0	00.00
		<u> </u>]	7,0	00.00
Jan Rojas					· · · · · · · · · · · · · · · · · · ·				
			SAL	ļ					
	•		J. S. Ku					3,8.	24.50
Kenny the Printer				* **** *** **** ***** *****		We a state of the			
			PND	i					
								3,89	99.65
				<u></u>					
Pattie Limon									
								7 14	:0.00
			PRO					1,16	0.00
MB Public Affairs Inc									
			CNS				İ		
								3,84	7.20
* Payments that are contribut	ons or independent expenditures must also	be summarized on	Schedule D.			Cito	TOTAL \$		
						308	IVIAL 3	21,73	1.35

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DeYoung for

Supervisor

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Schedule E							S	CHEDULE E (CONT.)
(Continuation Sheet) Payments Made		Type or print i counts may be to whole dol	rounded		State from	07/01/2005	CALIFOI FORI	
SEE INSTRUCTIONS ON REVERSE					through	12/31/2005	Page	34 of 47
NAME OF FILER	_						I.D. NUMBE	R
Cathryn De Young/DeYoung for	Supervisor						126138)
CODES: If one of the following	g codes accurately describes the I	payment, yo	ou may en	er the code. Other				
CMP campaign paraphernalia/mlsc. CNS campaign consultants		member commeetings and				idio sirtime and production turned contributions	costs	
CTB contribution (explain nonmonetar	y)* OFC	office expens	ses .	•	SAL C	ampaign workers' salaries		
CVC civic donations FIL candidate filing/ballot fees	PET PHO	petition circul phone banks				 or cable airtlme and pro andidate travel, lodging, ar 		
FND fundraising events	POL ing/opposing others (explain)* POS	politing and s		h senger services		aff/spouse travel, lodging, ansfer between committee		a candidala/enoneor
LEG legal defense	PRO	professional		accounting)	VOT vo	oter registration		•
LIT campaign literature and mailings	PRT	print ads) 		WEB in	formation technology cost	s (internet, e-	mạil)
NAME (IF COMM	AND ADDRESS OF PAYEE TTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	SCRIPTION O	DF PAYMENT		AMOUNT PAID
Marbella Country Club								
			PND					1,357.54
Marbella Market								
			FND					156.25
****	The second secon					and the second second second		
Mark A. Rosen, Attorney			nna					
			PRO					200.00
Neon Design						-		
			CMP					646.50
Niquel Copy & Mail								
			OPC					3.00
* Payments that are contributions or	independant expenditures must also be su	mmarized on	Schedule D.			S	JBTOTAL \$	2,363.29
							EDDC E	

Schedule E (Continuation Sheet)		ype or print junts may be			S	tatement covers period		CHEDULE E (CONT.)
Payments Made		to whole do			from	07/01/2005	CALIFO FOR	^{RNIA} 460
SEE INSTRUCTIONS ON REVERSE					throt	gh12/31/2005	Page	35 of 47
NAME OF FILER					· · · · · · · · · · · · · · · · · · ·		I.D. NUMBI	ER .
Cathryn De Young/DeYoung for	Supervisor						126138	0
CODES: If one of the following campaign paraphermalia/misc. campaign consultants contribution (explain nonmonetar civic donations candidate filing/ballot fees fundraising events independent expenditure support legal defense campaign literature and mailings	MTG r y)* OFC c PET r PHO r POL r ling/opposing others (explain)* POS r PRO r	member commeetings and office expensional circulation circulation of the comments of the comments and support and	munications I appearance ses ating urvey researd very and me:	8	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions	fuction costs d meals and meals s of the sam	ne candidate/sponsor
NAME (IF COMM	AND ADDRESS OF PAYEE TIEE, ALSO ENTER I.D. NUMBER)		CODE (OR DE	SCRIPTIO	N OF PAYMENT		AMOUNT PAID
Office Max			OFC					103.61
Paper Ahnex			POS					119.69
Ray Gennawey			SAL					1,000.00
Registrar of Voters			CMP					5.00
Rheem Media			PRO		•			3,500.00
* Payments that are contributions or in	ndependent expenditures must also be sum	marized on S	ichedule D.			SU	BTOTAL \$	4,728.30

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2006

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DeYoung for Supervisor

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Supervisor

Schedule E (Continuation Sheet) Payments Made	Type or prin Amounts may to whole d	be rounded		Stateme	ent covers period	S CALIFO FOR	
i ayincins wade				from	07/01/2005	FUR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	12/31/2005	Page	36 of 47
Cathryn De Young/DeYoung for	Supervisor					I.D. NUMBE	ER
CODEC: 16 and of the fell of		· · · · · · · · · · · · · · · · · · ·				126138	D
CODES: If one of the followin CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetal cvc civic donations FIL candidate filing/ballot fees fundraising events independent expenditure support LEG legal defense LT campaign literature and mailings	y)* OFC office experience PET petition circ PHO phone bank POL polling and ting/opposing others (explain)* POS postage, de	mmunications nd appearance inses ulating is survey researe	3	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	cribe the payment. airtime and production ned contributions paign workers' salaries r cable airtime and prod idate travel, lodging, and spouse travel, lodging, fer between committee registration nation technology costs	costs fuction costs d meals and meals s of the sam	ne candidate/sponsor
NAME (IF COMM	AND ADDRESS OF PAYEE ITEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESC	CRIPTION OF P	AYMENT		AMOUNT PAID
SDGE							
		OFC					675.15
							073.13
Sater Secretarial Service							
		SAL	}				375.60
South County Chambers							
		MTG					30.00
			·				
South County Chambers							
		MTG					70.00
South County Printing					~		
		LIT					53.75
			•				
* Payments that are contributions or in	dependent expenditures must also be summarized on	Schedule D.			SUI	STOTAL \$	1,204.50

DeYoung for Supervisor

JAN-31-2006

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Schedule E		Ti	i_ i_i.			SCH	CHEDULE E (CONT.)
(Continuation Sheet)	A	Type or print mounts may be			Statement covers period	CALIFORNIA 460	
Payments Made		to whole do	llers.		from07/01/2005	FORM	400
- 					through 12/31/2005		
SEE INSTRUCTIONS ON REVERSE					through 12/31/2005	Page37	of47
NAME OF FILER						I.D. NUMBER	
Cathryn De Young/DeYoung for	Supervisor					1261380	
CODES: If one of the following	codes accurately describes the	payment, y	ou may er	iter the code. Other	erwise, describe the payment.	•	
CMP campaign paraphernalia/misc.	MBR MTG	t member.com meetings and			RAD radio airtime and production RFD returned contributions	costs	
CNS campaign consultants CTB contribution (explain nonmonetan	1			:6	SAL campaign workers' salaries	J	
CVC civic donations	PET PHO	petition circui phone banks			TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar		
FIL candidate filing/ballot fees FND fundralsing events	POL	•		ch	TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	and meals	
IND Independent expanditure support				ssenger services	TSF transfer between committee	es of the same of	andidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO PRT		services (leg	al, accounting)	VOT voter registration WEB information technology cost	s (internet, e-ma	iD)
NAME A	AND ADDRESS OF PAYEE TTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
	TEE, AGO ENTER TO HUMBERY		 	<u> </u>			
Sprint			ļ				
			OPC				582.98
Staples							
			OPC				300.21
			ļ				
The second secon	200 to 100 to 10						
The Star Cleaning System							
			OFC				156.00
			ļ 				
Trans Pacific Association							
			OFC			1	950.85
			0.0				
			 	ļ			·
Trans Pacific Association							
			SAL				37,500.00
			<u> </u>				
* Payments that are contributions or it	ndependant expenditures must also be s	ummariz ed on	Schedule D.		SI	JBTOTAL \$	39,490.04
					FPPC Toll-Free Helplin	FPPC Form	460 (January/05) C (866/275-3772)

Continuation Sheet Continu	Schedule E		7	i ie.				S	CHEDULE E (CONT.)
Set instructions on severes. Cathryn De Young/DeYoung for Supervisor CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. COP campaign paraphemetalisms. MIG meetings and appearances CMS campaign consultants CMS campaign consultants CMS campaign consultants CMC cvic donations PET pellolino circulating PET pellon deleter spendfulre supporting/opposing others (explain) PEX polymore business expendfulre supporting/opposing others (explain) PEX polymore business expendfulre supporting/opposing others (explain) PEX polymore deleters and mailings PET pellon circulating PEX polymore deleters and massenger services PEX pellon circulating PEX pellon circulating PEX polymore deleters and massenger services PEX pellon circulating PEX polymore deleters and massenger services PEX pellon circulating PEX polymore deleters and massenger services PEX pellon circulating PE	(Continuation Sheet)	•	Amounts may be	rounded			·		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. OP campaign parapheneliams. PO paint domains payment the code. Otherwise, describe the payment. RAD ratio adire and production costs RED reduction control and the code. OP campaign parapheneliams. PO paint and survey research PO phone banks PO politique and survey research PO politique a						throug	gh <u>12/31/2005</u>	Page	38 of 47
CODES: If one of the following codes accurately describes the payment, You may enter the code. Otherwise, describe the payment. OF competing paraphrenialization. OF controlling controlling controlling and appearances of the controlling and appearances. OF controlling (explain nonmonetary) OF controlling (explain nonmonetary) OF controlling expents in controlling controlling and appearances. FIL candidate timphalist fees FIL candidate timphalist fees OF controlling expents NO independent expenditure support polyoposing others (explain) NO independent expenditure support polyoposing others (explain) OF controlling expents NO independent expenditure support polyoposing others (explain) NO independent expenditure supp						<u></u>		I.D. NUMB	ER
CMP dampsing paraphensial/misc. Search and consultants CTB contribution (explain nonnonetary)* CTB candidate lingidation from and production costs CTB contribution (explain nonnonetary)* CTB candidate lingidation from and production costs CTB candidate lingidation from and production costs CTB candidate lingidation from and production costs CTB candidate language varies CTB candidate lingidation from and production costs CTB candidate lingidation from and production costs CTB candidate lingidation from and production costs CTB candidate language varies CTB candidate lingidation from and production costs CTB candidate language varies CTB candidate language v	cathryn be found/beround for s	Supervisor						126138	0
CNS campaign consultants CNC campaign consultants CNC campaign (explain nonnonetary)* CNC civic donations FND indivating expents FND indi		-	-	•	nter the code. Oth		· ·		
CVC ovic donations Control of the	CNS campaign consultants	МТС	G meetings and	l appearance	!S			costs	
FIL candidate filing/balloid fees No indraining events No indraining events No indraining events No independent expenditure supporting/opposing others (explain)* No independent expenditure supporting of explain)* No independent expenditure supporting of explain e									.
ND independent expenditure supporting opposing others (explain)* POS postage, delivery and measures POS postage, delivery and measures POS professional services (legal, accounting) POS voter registration WEB information technology costs (inhemet, e-mail) NAME AND ADDRESS OF PAYEE (IF CODMITTEE, ALSO ENTER ID NUMBER) POS Verizon OFC TS transfer between committees of the same candidate/sponsor. WEB information technology costs (inhemet, e-mail) AMOUNT PAID OFC S52. 86 Wolverine Pootball Club CMP CMP CMP 1,000.00		,			ch	TRC	candidate travel, lodging, an	d meals	
IIT campaign iderature and mailings	ND independent expenditure supporti	ng/opposing others (explain)* POS	S postage deli-	very and me	ssenger services	TSF	transfer between committee	s of the san	ne candidate/sponsor
Werken Verizon OFC OFC OFC OFC OFC OFC OFC OF				services (1 0 0	al, accounting)			s (internet, e	-mail)
POE	NAME A (IF COMMIT	IND ADDRESS OF PAYEE TEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION	NOF PAYMENT		AMOUNT PAID
Veriton OFC 952.86 Wolverine Football Club CTB 1,000.00	U6 Postmaster								
Veriton OFC 952.86 Wolverine Football Club CTB 1,000.00 CMP 1,000.00				POS					3 700 00
Wolverine Football Club CTB 1,000.00 CMP 1,000.00				100					3,700.00
Wolverine Football Club CTB 1,000.00 CMP 1,000.00	Verizon								
Wolverine Football Club CTB 1,000.00 CMP 1,000.00				OFC		,			952.86
Wolverine Football Club CTB 1,000.00 CMP 1,000.00	(
Wolverine Football Club CMP 1,000.00	Wolverine Football Club	the state of the s	the many and he can				The state of the s		
Wolverine Football Club CMP 1,000.00				СТВ					1,000.00
CMP 1,000.00						ξ.			
CMP	Wolverine Football Club	The state of the s							
				CMP					1,000.00
^a Payments that are contributions or Independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 6,652.86				CMP					
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 6,652.86									
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 6,652.86									
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 6,652.86				,					
	* Payments that are contributions or In	idapendent expenditures must also be s	summarized on !	Schedule D.	<u> </u>		SU	BTOTAL \$	6,652.86

Jan 31 2006

9:20AM

DeYoung for Supervisor

949-276-6903

p.40

JAN-31-2006

09:18

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Calcadala F	Tona an estat I - 1-1.		SCHED					
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement cove	-	ORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through12/31/	/2005 Page	39 of47			
NAME OF FILER Cathryn De Young/DeYoung for Supervisor				I.D. NUI 1261				
CODES: If one of the following codes accurately descri	bes the payment, you may	v enter the code. Ot	henvise describe th	ne navment				
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FNO fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	inces ances search messenger services	RAD radio airtime an RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave: TRS staff/spouse tra TSF transfer betwee VOT voter registration	od production costs putions ers' salaries ime and production cost I, lodging, and meals vel, lodging, and meals to committees of the sa	me candidate/sponsor			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(1) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			
Jan Rojas	SAT	0.00	465.00	0.00	465.00			
Ray Gennawey	SAL	0.00	414.00	0.00	414.00			
Trans Pacific Association	SAL	0.00	7,500.00	0.00	7,500.00			
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	0.00 \$	8,379.00\$	0.00\$	0,379.00			
Schedule F Summary								
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under \$	btotals for \$100.)	INCUF	RRED TOTALS \$ _	8,379.00			
Total accrued expenses paid this period. (Include all Sci accrued expenses of \$100 or more, plus total unitemized	hedule F. Column (c) subtot	tals for payments on						
Net change this period. (Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)	ntar tha difference become							

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ayments Made by an Ag Contractor (on Behalf of	-	Amor	pe or print in ink. unts may be rounded to whole dollars.	fron		CALIFOR FORM	400
EE INSTRUCTIONS ON REVERSE				thro	ugh 12/31/2005	Page4	of
AMEOFFILER Cathryn De Young/DeYoung for	Supervisor					I.D. NUMBER 1261380	
AME OF AGENT OR INDEPENDENT CONT Forde & Mollrich	PRACTOR					<u> </u>	
CODES: If one of the following campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary civic donations candidate filling/ballot fees fundraising events independent expenditure support legal defense campaign literature and mallings.	ting/opposing others (explain)*	MBR member of meetings OFC office expetition of PHO phone ba POL polling an POS postage, PRO print ads	ommunications and appearances penses reulating nks d survey research delivery and messenger sen nal services (legal, accounting	RAD RFD SAL TEL TRC TRS vices TSF ng) VOT	e, describe the paymer radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs.	duction costs and meals and meals and meals	•
NAME AND ADD	DRESS OF PAYEE OR CREDITOR	J DC JUIIII WILLEU	CODE OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
AMS Resources	JEC, ALSO ENTER LO. NOMBER		LIT				25,608.8
AMS Resources			LIT				29,092.0
AMS Resources			LIT				29,092.0
AMS Resources Bryant Communications		•	LIT				3,500.0
	tegies LLC						

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2006

9:21AM

DeYoung

for

Supervisor

949-276-6903

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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2006

9:22AM

DeYoung

for

Supervisor

-y inade by any	gent or Independent	Amo	unts may be	n ink. rounded	Statement covers period		SCHED
Contractor (on Behalf of	This Committee)		to whole doll		from07/01/2005	CALIFO	
·	,				110/11	FOR	NI IVI
EE INSTRUCTIONS ON REVERSE					through 12/31/2005	D	41 of 47
AME OF FILER							
Cathryn De Young/DeYoung for	Supervisor					I.D. NUMBER 1261380	
AME OF AGENT OR INDEPENDENT CONT Forde & Mollrich	RACTOR						
CODES: If one of the following	g codes accurately describ	es the paymen	t vou may	enter the code C	Otherwise, describe the payment		
campaign parapheiriana/misc.	-	MBR membero	ommunication	re			
CNS campaign consultants		MTG meetings	and appeara	nces	RAD radio airtime and production of RFD returned contributions	costs	
CTB contribution (explain nonmonetal CVC civic donations	ή γ)*	OFC office exp	enses		SAL campaign workers' salaries		
CVC civic donations FIL candidate filing/ballot fees		PET petition ci			TEL t.v. or cable airtime and produ	iction coete	
ND fundraising events		PHO phone ba			TRC candidate travel, lodging, and	meals	
independent expenditure suppor	inglannasias athera (auntaia)	POL polling an	d survey resi	earch	IRS staff/spouse travel, lodging, a	ind meals	
EG legal defense	ingropposing others (explain)	POS postage,	delivery and	messenger services	TSF transfer between committees	of the same	candidate/snor
IT campaign literature and mailings		PRO profession PRT print ads	iai services (legal, accounting)	VOT voter registration		
•					WEB information technology costs	(internet, e-ma	ail)
Payments that are contributions or in		be summarized o	on Schedule	D.			
(#F COMMIT	RESS OF PAYEE OR CREDITOR TEE, ALSO ENTER LO. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAIR
Creative Mailing & Marketing			LIT	T-			
							35,811.
							35,811.
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Doba David							35,811.
Data Reply			LIT	Data services			
Data Reply				Data services			35,811
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Data Reply			LIT	Data services			630.
			LIT				630.
Data Reply			LIT	Data services			630.
Data Reply			LIT	Data services			630.
Data Reply	appropriately labeled continue	alion sheets	LIT	Data services		TOTAL* \$	630.

Schedule G

Payments Made by an Agent or Ir Contractor (on Behalf of This Co	ndependent Amounts m	print in ink, lay be rounded le dollars.	Statement covers period from07/01/2005	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 12/31/2005	Page 42 of 47
NAME OF FILER Cathryn De Young/DeYoung for Supervisor				I.D. NUMBER 1261380
AME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich				
CODES: If one of the following codes are campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees independent expenditure supporting/opposing legal defense campaign illerature and mailings Payments that are contributions or Independent expendent expend	MBR member communium meetings and as office expenses petition circulatin phone banks polling and survice others (explain)* MBR member communium meetings and as office expenses petition circulatin phone banks polling and survice postage, delivery professional serior print ads	nications opearances y ey research y and messenger services vices (legal, accounting)	RAD radio airlime and production cost returned contributions SAL TEL TRC campaign workers' salaries t.v. or cable airlime and production candidate travel, lodging, and me staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (interested in the payment.)	on costs eals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I	E OR CREDITOR .D. NUMBER) CO	DE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cenny the Printer	I	LIT		2,322.97
		LIT		
Cenny the Printer	I			704.71
Cenny the Printer	I	LIT		2,322.97
Cenny the Printer		LIT		2,322.97 704.71 688.82
Kenny the Printer Kenny the Printer Kenny the Printer		AT		704.71

Jan

31

2008

9:22AM

DeYoung

for

Supervisor

949-276-6903

9:22AM

for

Supervisor

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from07/01/2005	SCHEDULE G CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/2005	Page43 of47
Cathryn De Young/DeYoung for Supervisor NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich CODES: If one of the following codes accurately described compaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances	Otherwise, describe the payment. RAD radio sirtime and production of RFD returned contributions.	
CVC civic donations Fil. candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must a	OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads Iso be summarized on Schedule D.	SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	meals nd meals of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	
Kenny the Printer	LIT	DESCRIPTION OF PAYMENT	AMOUNT PAID
			. 6,111.92
Cenny the Printer			
	LIT		3,748.87
Photography by Tony Kawashima	LIT	Photography	
		rancography	624.95
ixel8Media			
	LIT	Artwork & production	1,500.00
ach additional information on appropriately labeled continuation s			
appropriately labeled continuation s	sheets.		TOTAL* \$ 11,985.74

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Forde & Mollrich

Payments Made by an Agent or Independent

Contractor (on Behalf of This Committee)

Cathryn De Young/DeYoung for Supervisor NAME OF AGENT OR INDEPENDENT CONTRACTOR

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Attach additional information on a	appropriately labeled continuation sheets.			=
Do not transfer to any other schedule on not transfer to any	or to the Summary Page. This total may not equal the ar Schedule E.	mount paid to	the agent or	=

Type or print in ink. Amounts may be rounded to whole dollers.	Statement covers period from07/01/2005	CALIFORNIA 460
	through 12/31/2005	Page 44 of 47
		I.D. NUMBER 1261380

CODES: If one of the following codes accurately	describes the payment, you may enter the code.	Otherwise, describe the payment.
MP campaign paraphemalla/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable sirtime and production costs
II. candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ND independent expenditure supporting/opposing others (ex	plain)* POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
IT campaign literature and mailings	FRT print ads	WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CF (IF COMMITTEE, ALSO ENTER 1.D. NUMBI	REDITOR CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pixel8Media	LIT	Artwork for logo	1,500.0
Pixel8Media	LIT	Artwork for stationery	1,250.0
Pixel8Media	ĻIT	Art & Banners	1,175.0
rixel8Media	WEB	Website design	6,760.00
tach additional information on appropriately labe	led continuation sheets.		TOTAL* \$ 10,685.00

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Jan

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2006

Supervisor

949-276-6903

ayments Made by an A contractor (on Behalf of		Amou	pa or print in i ints may be ro o whole dollar	unded	frar	Statement cove			FORNI ORM	A 46
E INSTRUCTIONS ON REVERSE					thro	ough <u>12/31</u>	/2005	Page _	45	of17
ME OF FILER Cathryn De Young/DeYoung for	Supervisor							I.D. NU		
ME OF AGENT OR INDEPENDENT CONT Forde & Mollrich	RACTOR							1		
ODES: If one of the following	ng codes accurately describe	es the payment	, you may i	enter the code. O	herwise	e. describe th	ne payment			
VP campaign paraphernalia/misc. NS campaign consultants Contribution (explain nonmonetal civic donations L candidate filing/ballot fees Condidate filing/ballot fees		PRO profession:	and appearance enses culating iks if survey resea felivery and m	es	RFD SAL TEL TRC TRS TSF	staff/spouse tra transfer between	butions ters' sataries time and produ I, lodging, and tvet, lodging, a tn committees	uction cos meals and meals	ame can	didate/spons:
T campaign literature and mailings Payments that are contributions or le	ndependent expenditures must als	PRT print ads to be summarized o			WEB	information tech	nnology costs	(internet,	e-mail)	
Payments that are contributions or le	ndependent expenditures must als RESS OF PAYEE OR CREDITOR TEE, ALSO ENTER I.D. NUMBER)		on Schedule D.		WEB	information tech	nnology costs	(internet,		MOUNT PAID
Payments that are contributions or le	RESS OF PAYEE OR CREDITOR		on Schedule D.		WEB	information tech	nnology costs	(internet,		798.8
Payments that are contributions or le NAME AND ADD (IF COMMIT	RESS OF PAYEE OR CREDITOR		on Schedule D	DR DES	WEB	information tech	nnology costs	(internet,		
Payments that are contributions or le NAME AND ADD (IF COMMIT Political Data	RESS OF PAYEE OR CREDITOR		CODE C	DR DES	WEB	information tech	nnology costs	(infernet,		798.8
Payments that are contributions or le NAME AND ADD (IF COMMIT Political Data	RESS OF PAYEE OR CREDITOR		CODE CODE LIT	DR DES	WEB	information tech	nnology costs	(infernet,		798.8
Payments that are contributions or le NAME AND ADD (IF COMMIT Political Data Political Data	RESS OF PAYEE OR CREDITOR		CODE C	DR DES Data services Data services	WEB	information tech	nnology costs	(infernet,		1,117.0

TOTAL* \$

3,467.23

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2006

DeYoung

Supervisor

949-276-6903

^{*} Do not transfer to any other schedule or to the Summery Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

2006

USPS-Paramount

Payments Made by an A Contractor (on Behalf of		pe or print in ini ints may be roun o whole dollars.		fro	Statement cover	•	CALIFORNIA 460			
EE INSTRUCTIONS ON REVERSE					thr	ough12/31/	/2005	Page	16	of 47
AMEOFFILER Cathryn be Young/DeYoung for	Supervisor						I.D. NUMBER 1261380			
AME OF AGENT OR INDEPENDENT CON Porde & Mollrich	TRACTOR					***************************************		<u> </u>		
CODES: If one of the following	ng codes accurately describe	es the payment,	, you may er	nter the co	de. Otherwis	e, describe th	ne payment.			
MP campaign paraphernalia/misc. NS campaign consultants contribution (explain nonmoneta	ny)*	OFC office expe	and appearances	5	rafd	radio airtime an returned contril campaign work	butlons	osta		
		POS postage, d PRO professiona PRT print ads	nks I survey researd lelivery and mes al services (lega	senger servi	ces TSF g) VOT WEB		el, lodging, and navel, lodging, and navel, lodging, and en committees commit	meals nd meals of the san	ne candid -mail)	date/sponso DUNT PAID 21,625.40
IL candidate filing/ballot fees ND fundraising events ID independent expenditure suppo EG legal defense IT campalgn literature and mailings Payments that are contributions or I NAME AND ADI (IF COMMIT	ndependent expenditures must als	PHO phone ban POL polling and POS postage, d PRO professiona PRT print ads	d survey researchelivery and mes al services (legs on Schedule D.	senger servi	TRC TRS ces TSF g) VOT WEB	candidate trave staff/spouse tra transfer betwee voter registratic information tech	el, lodging, and navel, lodging, and navel, lodging, and en committees commit	meals nd meals of the san	ne candid -mail)	DIA9 TAUC
IL candidate filing/ballot fees NO fundraising events ID independent expenditure suppo EG legal defense IT campaign literature and mailings Payments that are contributions or l NAME AND ADI (IF COMMIT	ndependent expenditures must als	PHO phone ban POL polling and POS postage, d PRO professiona PRT print ads	d survey researd lelivery and mes al services (lega on Schedule D. CODE OR POS	senger servi	TRC TRS ces TSF g) VOT WEB	candidate trave staff/spouse tra transfer betwee voter registratic information tech	el, lodging, and navel, lodging, and navel, lodging, and en committees commit	meals nd meals of the san	ne candid -mail)	DUNT PAID 21,625.4

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Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 43,255.39

20,629.91

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G

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Payments Made by an Agent or Independent	gent or Independent				Statement covers period CALLECTURE				
Continue to the Debatt of This Association	Amou	Amounts may be rounded to whole dollars.			LA			LIFORNIA 460	
Contractor (on Behalf of This Committee)	iis Committee)			fro	m	07/01/2005	FOR		
EE INSTRUCTIONS ON REVERSE AME OF FILER				thr	ough	12/31/2005	Page	47 of 47	
Cathryn De Young/DeYoung for Supervisor							I.D. NUMBE	R	
AME OF AGENT OR INDEPENDENT CONTRACTOR							126138	0	
Forde & Molirich									
CODES: If one of the following codes accurately describ	es the payment	vou ma	v enter the code	Othenerie	e desc	riba tha nauman			
MP campaign paraphernalia/misc.	MBR member co					irtime and production			
CNS campaign consultants	MIC meetings a			ICAL	radio a	costs			
CTB contribution (explain nonmonetary)*	OFC office expe		SAI	returne	d contributions gn workers' salaries				
CVC civic donations					tuoso	gn workers salanes able airtime and pro-	4		
TL candidate filing/ballot fees	PHO phone bank			TEL TRC	candida	ite travel, lodging, an	duction costs		
ND fundraising events	POL polling and	survey re:	search	TRS	staff/an	ouse travel, lodging, an	o means		
independent expenditure supporting/opposing others (explain)*	POS postage, de	elivery and	messenger services	TSF	transfer	between committee	e of the come		
EG legal defense	PRO professiona	al services	(legal, accounting)	VOT	voter re	gistration	s of the same	candioatessponsor	
IT campaign literature and mailings	PRT print ads			WEB	informa	tion technology cost	(internal e-m	nail\	
Payments that are contributions or independent expenditures must at	so be summarized o	n Scheduk	D.			5,	,	,,	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALBO ENTER LD, NUMBER)		CODE	OR	DESCRIPTION	N OF PAY	MENT		AMOUNT PAID	
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								20,726.70	
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JSPS-Santa Ana		POS			 ,_ _			1,817.98	
									
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tach additional information on appropriately labeled continu	ation sheets.						TOTAL* \$		
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Jan

31

2006

9:24AM

DeYoung

for

Supervisor

949-276-6903